



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/895936
		Filing Date	June 29, 2001
		First Named Inventor	PERYCZ, et al
		Art Unit	9376
		Examiner Name	Truong, L.
Total Number of Pages in This Submission	16	Attorney Docket Number	42390P11652

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 50px; width: 100%;">return postcard</div>
<input type="checkbox"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark C. Van Ness, Reg. No. 39,865 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 15, 2004

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Date	September 15, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 06/04/2004.
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SEP 20 2004

EE TRANSMITTAL for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

 EE TRANSMITTAL for FY 2004		Complete if Known	
<i>Effective 01/01/2004. Patent fees are subject to annual revision.</i>		Application Number Filing Date First Named Inventor Examiner Name Art Unit Attorney Docket No.	09/895936 June 29, 2001 PERYCZ, et al Truong, L. 9376 42390P11652
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
TOTAL AMOUNT OF PAYMENT		(\$)	

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account

Deposit
Account
Number 02-2666

Deposit
Account
Name

Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayment

Charge any additional fee(s) or underpayment of fees as required under

Charge fee(s) indicated below except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		<u>Fee Description</u>	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

2. EXTRA CLAIM FEES

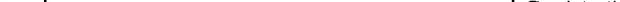
Total Claims	<input type="text"/>	-	29**	=	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>	Fee Paid
Independent Claims	<input type="text"/>	:	4	=	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>	
Multiple Dependent					<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

***or number previously paid, if greater. For Reissues, see below.*

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Mark C. Van Ness	Registration No. (Attorney/Agent)	39,865	Telephone	(503) 439-8778
Signature				Date	09/15/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 02/10/2004.
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Our Docket No: 42P11652

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Perycz, et al.)
Application No: 09/895,936)
Filed: June 29, 2001)
For: Initialization, Reconfiguration, and)
Shut Down of a Module Function)

Examiner: Truong, L.
Art Unit: 9376

AMENDMENT AND RESPONSE

Mail Stop No Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir or Madam:

In response to the Office Action mailed June 16, 2004, the Applicant respectfully requests the Examiner to enter the following amendment and to consider the following remark.

FIRST CLASS CERTIFICATE OF MAILING

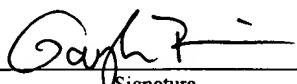
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